Department of Education



Performance Report Performance Period April 2005 – June 2005

Introduction

This section contains information relative to monitoring by the Department of Education of system infrastructure and performance necessary to meet the needs of students requiring educational and mental health supports. The Department continues to improve the sophistication and availability of tools to assist in administrative decision-making that directs the application of resources, fiscal and human, to achieve high levels of student achievement. This process relies on data collected through multiple means to provide current information on system infrastructure and performance.

This report covers the Fourth Quarter, April 2005 through June 2005, of School Year 2004-2005.

Infrastructure

The Comprehensive Student Support System (CSSS) continues to provide the requisite infrastructure for the provision of programs necessary to provide educational, social, and emotional supports and services to all students, affording them an opportunity to benefit from instructional programs designed to achieve program goals and standards. EDN150 allocations contain those resources (fiscal, human, material, procedural, and technological) important to the provision of appropriate supports and services to students within the Felix Class. The objective of EDN150 programs are to maintain a system of student supports so that any student requiring individualized support, temporary or longer term, has timely access to those supports and services requisite to meaningful achievement of academic goals.

The next segments of this section contain elements of the CSSS infrastructure determined to be essential to the functioning of a support system constituting an adequate system of care. During the course of the Felix Consent Decree, the Department routinely provided progress reports addressing the availability of qualified staff, funding, and an information management system (ISPED) as a means to provide information germane to assessing system capacity in providing a comprehensive student support system.

Population Characteristics

There are 24,856 students eligible for educational supports and services under the Individuals with Disabilities Education Act (IDEA), and Section 504 of the Rehabilitation Act of 1973 (Section 504), at 90% and 10%, respectively. The number of students receiving educational supports and services within CSSS levels 4 and 5 by the Department of Education has declined slightly over the past two years. In June 2005, 14% of the overall student enrollment received specialized instruction and supports, while 12.6% were eligible for special education and related services under the Individuals with Disabilities Education Act. Nationally, in 2000 (the most recent information

available), approximately 12.5% of the total student enrollment required special education supports and services.

The table below depicts the number of students with disabilities and relative percentage over the past two years during the months of June.

Table 1: Number and Relative Percentage of Students Eligible for Special Education

	6/30/03 6/30/04		04	6/30/05		
Disability	#	%	#	%	#	%
Mental Retardation	2,121	8.8	1866	8.0	1,697	7.6%
Hearing Impairment	443	1.8	305	1.3	391	1.7%
Speech/language Impairment	1,520	6.3	1,318	5.7	1,122	5.0%
Other Health Impairment	2,195	9.1	2,402	10.0	2,583	11.5%
Specific Learning Disability	10,569	44.0	10,022	43.0	9,557	42.7%
Deaf-Blindness	4	.0	6	0.02	5	0.02%
Multiple Disabilities	391	1.6	399	1.7	429	1.9%
Autism	752	3.1	859	3.7	949	4.2%
Traumatic Brain Injury	86	0.3	76	0.3	74	0.3%
Developmental Delay	2,604	10.8	2,805	12.0	2,911	13.0%
Visual Impairment	80	0.3	70	0.3	71	0.3%
Emotional Disturbance	3,089	12.8	2,762	12.0	2,482	11.1%
Orthopedic Impairment	121	0.5	110	0.5	96	0.4%
TOTAL	24,050		23,147		22,367	

Continued decreases this quarter in the incidence of Specific Learning Disabilities and Emotional Disturbance may indeed be attributable to improved instruction and behavioral/mental health supports and services. While data do not permit a causal relationship to be verified, there has also been a simultaneous increase in overall student achievement, particularly at the elementary school level and sustained access to effective instructional supports and services. The increases in the Autism Spectrum Disorder and Developmental Delays, offset by a decrease in Mental Retardation, are consistent with national data and reflect improved identification and evaluation methods.

An average of 6,894 students per month, 30.7% of all CSSS Levels 4 and 5 students, received School-Based Behavioral Health (SBBH) student supports during this quarter. Approximately 3.9% of all students enrolled in the Department required SBBH services to address educational and social, emotional, or behavioral needs in the educational arena. More detailed information regarding SBBH services is available under Performance Goals 13-15 of this section.

Services provided to Felix Class students fall in two broad categories: School Based Behavioral Health (SBBH) Services and services to students with Autism Spectrum Disorder (ASD). While the determination of need for and type of SBBH or ASD service necessary for any individual student to benefit from their educational plan is made by a team during the development of the plan, guidelines regarding the provision of these services are in the joint DOE and DOH Interagency Performance Standards and Practice Guidelines.

Qualified Staff

Qualified staff providing instructional and related services are the lynchpin of appropriate educational and related services for students with disabilities, for they are the ones with expertise and training in curriculum, instruction, and knowledge of the impact of the student's disability on the learning process. These qualified individuals, in conjunction with parents and others, develop and implement appropriate interventions designed to meet the unique needs of students.

The following staffing goals provide evidence that there are sufficient qualified teachers evenly distributed across the state to ensure timely access to specialized instruction for students and professional support to those providing educational and related services and supports to students with disabilities.

Infrastructure Goal #1: Qualified teachers will fill 90% of the special education teacher positions in classrooms.

The percent of qualified special education teachers provides an important measure of the overall availability of special education instructional knowledge available to support student achievement. At the end of the school year, there were 2,092 special education teachers in classrooms. Nearly 92% of the teachers in special education classrooms were qualified in special education, meeting this infrastructure goal. At the end of the quarter, which marks the beginning of the next school year, there were 2061 allocated positions of which 79% were filled with qualified special education teachers. This decrease in number of qualified teachers is due to retirements and transfers, which occurs at the end of each school year. The Department anticipates meeting this goal prior to the start of the next school year with active recruitment and hiring during the summer months.

The Department employed 67 teachers through a contract with Columbus. This contract will continue next school year.

Table 2: Number of Allocated and Qualified Special Education Teachers

	6/03	6/04	6/05
Allocated Positions	2002	2060	2092
Qualified Teachers	1788.5	1843.5	1917

Infrastructure Goal #2: 95% of the schools will have 75% or greater qualified teachers in special education classrooms.

This measure provides information regarding the availability of special education knowledge and expertise to assist with day-to-day instructional and program decision making in support of special needs students. A previous benchmark set forth the target of hiring so that there is no school with less than 75% qualified teachers in the classroom. In order to meet this goal, schools requiring less than four (4) special education teacher positions, 28% (72) of the schools, would be required to have all (100%) of the placed special education teachers qualified. The Department has determined a practical goal is that 95% of all schools will have 75% or greater qualified special education classroom teachers.

Table 3: Qualified Special Education Staff at Schools

	6/03	6/04	6/05
Number of Schools<75%	21	21	18
Percent of Schools>75%	91.9%	92%	93%

At 93%, the Department falls just short of its set goal. This is due to the overall national shortage of special educators and the use of .5 F.T.E. positions in special education classrooms. As noted earlier, the Department continues to contract outside resources to recruit and retain special education teachers. Meeting this goal is complicated due to the number of schools with few, two or less, full-time positions and half-time (0.5 FTE) positions.

Infrastructure Goal #5: 75% of the School-Based Behavioral Health professional positions are filled.

Since December 2000, the Department has maintained that the use of an employee-based approach to provide School Based Behavioral Health (SBBH) services provides greater accessibility and responsiveness to emerging student needs. While it is anticipated that some degree of services will always be purchased through contracts due to uniqueness of student need and unanticipated workload increases, day-to-day procedures presume the availability of staff. Early planning anticipated a two to three year phase to reach the point at which employees would do 80% of the SBBH workload. Performance Goal #13 addresses the relative percent of work done by DOE employees and contracted providers, indicating that during this quarter over 80% of all SBBH work was performed by Department staff.

Table 6: Number of SBBH Specialist Positions

	12/03	12/04	3/05	6/05
Number of Positions Filled	226.6	252	252	254
Percent of Total Positions	77%	83%	83%	81%

Infrastructure goal #5 is met, as there are now 254 SBBH Specialist positions and 21 clinical psychologist positions filled. The actual number of positions changes due to flexibility built into the SBBH funding structure that allows complex decisions regarding staffing. The decline in hired clinical psychologists is due to their inability to meet established requirements to be awarded licensure as a clinical psychologist.

The Department is working with the Department of Commerce and Consumer Affairs to increase the frequency of licensure board meetings. In the meantime, the Department contracts for the services that only clinical psychologists can provide.

Infrastructure Goal #6: 80% of the identified program specialist positions are filled.

This Infrastructure Goal is directly attributable to a previously established Felix Consent Decree benchmark based upon a determination by the Court Monitor that in 2000 the Department did not have sufficient program expertise in several areas. Recruiting and

retaining leadership for these key program areas has been an ongoing challenge for the Department. The lack of in state programs providing terminal degrees, coupled with geographic isolation from institutes of higher education and recruitment constraints regarding pay based on experienced earned in other systems, has made it very difficult for the Department to hire program specialists.

Increased levels of knowledge and skills possessed by Department staff and contractors has changed the type of expertise necessary to continue to foster system growth and improved performance. The system now requires experienced administrators, supervisors, and trainers of discrete intervention skills.

At the present time four (4) of the identified program specialists positions continue to be filled with the same program specialist as last quarter. This is consistent with agreements made with Plaintiff Attorneys regarding the aforementioned changing needs of the Department. Based on these numbers, this infrastructure measure is met.

The Department continues to recruit a program specialist in the area of Autism Spectrum Disorder with recognizable program and administrative skills necessary to provide clear guidance to school communities and professionals. A series of technical assistance contracts have been and will continue to be in place to assist service providers. As can be seen in the associated Autism Spectrum Disorder Performance Indicator #12, services continue to be available and appropriate for these students.

<u>Integrated Information Management System - ISPED</u>

The need for an information management system to provide relevant data for analysis and decision-making is an important component of the infrastructure necessary to sustain high levels of system performance in the area of supports and services to students in need of such services. This information provides the basis for resource allocation, program evaluation, and system improvement.

Meaningful measurement of ISPED will provide specific information regarding the following: 1) ISPED data accuracy, 2) ISPED role in important management decisions, and 3) ISPED use by DOE administrators, CASs and principals.

Infrastructure Goal #7:

- a) 99% of special education and section 504 students are in ISPED,
- b) 95% of IEPs are current, and
- c) 95% of the IEPs are marked complete.

The utility of ISPED as an information management system lies in the ability to provide a wide variety of users information that improves their productivity. Whether the information is unique student specific information used in program development or aggregate information used for planning purposes, accuracy and completeness is necessary. Achievement and maintenance of the three components embedded in Infrastructure Goal #7, gives users confidence that accessed information will assist in good decision-making.

At this time 99% of all students eligible for special education and related services are registered in the ISPED system. Of those, 95% have current IEPs in ISPED and 87% have been marked "complete". The difference between IEPs in the system and those marked

"complete" is mainly attributable to teachers awaiting additional information. This decrease in percentage of IEPs marked complete at the end of the school year is similar to data from last year.

There is consistent widespread use of and reliance on ISPED as the information management system for special education records and decision-making. The use of this system is institutionalized and integral to the ongoing management of special education throughout the Department.

Table 7: Status of IEPs in ISPED

	6/02	6/03	6/04	6/05
Percentage of IEPs In SPED	74%	97%	98%	95%
Percentage of IEPs marked complete	62%	90%	89%	87%

Infrastructure Goal #8: ISPED will provide reports to assist in management tasks.

The increased administrative need for timely and accurate information is very evident in the ISPED reports. There are now over 90 different reports available to teachers and administrative staff. During this quarter many reports were reviewed to ensure that school specific information was easily obtained and understood by a wide variety of new users. Report formats have been revised to ease the transfer of information to the Web Site that posts school specific information.

Infrastructure Goal #9: School, district, and state level administrators will use ISPED.

As stated in the section above, ISPED provides DOE administrators over 90 real time reports designed to assist in measuring system performance at the school, complex, and state levels, as well as provide data for resource allocation. The Department began tracking administrator "log-ons" to ISPED as broad indicators of both the utility of the reports as well as administrative behavior regarding the use of data in proactive management.

The Complex Area Superintendent (CAS) usage of ISPED continues to be sporadic, but over the past two years, the use of ISPED by District Education Specialists (DES), Principals, and Vice-Principals has steadily increased.

This increase in usage of ISPED suggests that the action plans generated through the Special Education Section designed to improve overall system performance has had an impact on administrative behavior regarding the use of data in decision making and monitoring the impact of system performance activities. CASs report that upon receipt of monthly performance reports from the Special Education Section, a meeting with the appropriate DES is held to determine the appropriate school and system response to improve performance.

Infrastructure Goal #10: The Department will maintain a system of contracts to provide services not provided through employees.

During this report period the DOE has maintained the same 49 contracts with 26 different private agencies to provide SBBH services, including Community-Based Instruction Programs and ASD Programs and Services, on an as needed basis. These contracts were effective July 2003 and continue to June 30, 2005. In April, Assessment contracts were extended to August 31, 2005 and Intensive Services contracts were extended to September 30, 2005.

There are nine (9) types of contracts covering the following services: assessments, behavioral interventions, intensive services, psychiatric services, and five (5) for Community-Based Instruction (CBI) services. Listed below is the number of contracts by type of service.

Type of Service	Number of Contracts
Assessment	10
Behavioral Intervention	11
Intensive Services	12
Psychiatric Services	8
CBI (ages 3-9)	1
CBI (ages 10-12)	2
CBI (ages 13-200	3
CBI (gender specific)	1
CBI (ASD/SMR)	1

Table 8: Types and numbers of contracted services

The average expenditure per month for contracted services for ASD students during SY 04-05 continued to increase to approximately \$3.3M per month.

Table 9: Number of students with ASD and Average Monthly Contracted Costs

	SY02-03	SY03-04	SY04-05
Average Monthly Expenditure	\$2.1M	\$2.6M	\$3.3M
Number of Students with ASD	835	1,012	1,125

Purchased contracted SBBH services during SY 03-04 totaled \$5,463,510, averaging approximately \$481,522 per month. While total expenditures have not all been invoiced by contractors for the month of June 2005, a total of more than \$3.4 M has been expended for SBBH services this school year. As may be expected, comparable to previous years, the increased use of these services during this quarter and the increased numbers of students with ASD requiring services, results in the average monthly expenditure this year being higher than previous years.

The SBBH expenditures discussed in the previous paragraph do not include expenditures for off campus SBBH programs. Off campus programs, "Community-Based Programs", continue to cost approximately \$661,000 per month.

Infrastructure Goal #11: Administrative measures will be implemented when expenditures exceed the anticipated quarterly expenditure by 10%.

The broad programmatic categories within EDN150 are Special Education Services, Student Support Services, Educational Assessment and Prescriptive Services, Staff Development, Administrative Services, and Felix Response Plan. EDN150 allocations for all of these groups total slightly more than \$284M dollars for SY 04-05. This represents slightly less than the amount of funding allocated in SY03-04.

At of the end of this quarter, June 2005, \$283,807,251 was expended. The costs were over \$500,000 over budget and attributable to increased costs for recruitment and retention incentives for qualified teachers.

Key Performance Indicators

The existence of an adequate infrastructure is not an end in and of itself. The true measure of the attainment of EDN150 program goals and objectives are in the timely and effective delivery of services and supports necessary to improve student achievement. While the measurement of student achievement lies within the purview of classroom instruction, key system performance indicators exist that provide clear evidence of the timeliness, accessibility, and appropriateness of supports and services provided through EDN150 and the responsiveness of CSSS to challenges threatening system performance.

Performance Goal #1: 90% of all eligibility evaluations will be completed within 60 days.

This performance goal has been met. Good practice and regulation expect timely evaluation to provide the foundation for an effective individualized education or modification program that will assist students achieve content and performance standards. This measure identifies the timeliness with which the system provides this information to program planners. As can be seen in the table, the Department has made steady progress in meeting this performance goal since June 2002. Dips in performance occur when there is less access to students during long breaks in instruction, such as through the summer and winter breaks. During this quarter, 4,530 evaluations were conducted averaging 93.4% within timelines.

Table 10: Percentage of Evaluation completed within 60 Days

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	Jun-02	Jun-03	Jun-04	Jun-05
Percentage within 60 days	92%	93.70%	94.20%	93.40%

State, complex, and school action plans are in place to maintain continued performance improvement in this area. Regular Superintendent and Complex Area Superintendent meetings focused on performance monitoring will continue to keep this a priority in school and complex operations.

Performance Goal #2: There will be no disruption exceeding 30 days in the delivery of educational and mental health services to students requiring such services.

A service delivery gap is a disruption in excess of 30 days of an SBBH or ASD related service identified in an IEP or MP. A "mismatch" in service delivery (i.e., counseling services expected to be provided by an SBBH Specialist actually delivered by a school counselor) is included in this category as a service delivery gap. While this goal is technically not met, there is strong evidence of substantial achievement in this area.

Table 11: Gaps in Service

	Jun-02	Jun-03	Jun-04	Jun-05
Number of Service Gaps	26	16	8	11

As can be seen in Table 11 above, there continues to be only a few students for whom a program was not immediately available. The readers should keep in mind that there are in excess of 8,000 students per month receiving well over 22,000 identifiable "services" per month. Service delivery gaps occur for a variety of reasons but occur primarily because an individual related service provider (i.e., SBBH contractor) is temporarily unavailable to provide the requisite service as opposed to "wait lists" which are due to the unavailability of a program of educational services.

Performance Goal #3: The suspension rate for students with disabilities will be less than 3.3 of the suspension rate for regular education students.

Concern regarding the possibility of disproportionate suspension rates for students with disabilities has existed since at least the 1994 Office of Civil Rights, *Elementary and Secondary Compliance* Reports. Beginning in 2000, the Felix Consent Decree Court Monitor and Plaintiffs' Attorneys expressed concerns relative to the suspension of students with disabilities. The Felix Monitoring Office, *Suspension Study*, prepared under the direction of the Court Monitor reported findings of an in-depth study of the relative suspension rates of regular and special education students. Those findings over a four-year period illustrated a wide range of suspension rates over geographic and school specific characteristics. General trends indicated that the overall suspension of students was decreasing but students with disabilities were more likely to be suspended.

Between 2001 and July 2003, the Department reported to the Court Monitor, Plaintiffs' Attorneys, and the Court the relative increase risk rate for suspension of special education students. However, the Court Monitor questioned the applicability of using as a target the 3.3 rate reported in the Government Accounting Office (GAO) report of 2001 based on serious misconduct and a special study was conducted. Those findings are reported in the July 2003-September 2003 Quarterly Performance Report. The findings indicated that most schools, especially elementary schools do not suspend any, or very few, students with disabilities but that wide variation continued to exist across geography and even within schools with similar characteristics among secondary schools. Subsequently, Department efforts increasingly utilize school specific action plans to address the use of suspension as a response to student misconduct.

Table 12: Suspension Rate

Cumulative	SY 2001-	SY 2002-	SY 2003-	SY 2004-
Suspension Rates	2002	2003	2004	2005
Regular Education				
Enrollment	160,494	163,309	170,283	177,366
Suspensions	13,358	10,106	9,338	9,787
Percent per 100	8.3	6.19	5.48	5.5
Special Education				
Enrollment	23,428	24,050	23,480	22,384
Suspensions	6,627	4,376	4,241	4,312
Percent per 100	28.3	18.2	17.8	19.2

School specific interventions continue to be implemented in the schools to lower the rate of suspensions for all students although special education suspensions continue to be more frequent. The above reflects the aggregate cumulative suspension for all schools for the last four years.

The school specific suspension data is set forth in the *Stipulation for Step-Down Plan and Termination of the Revised Consent Decree* dated April 15, 2004. This report format calls for school-by-school reporting of the "percentage of suspensions of regular education and special education students per hundred, …" (page 9). The information is available through the DOE website under Reports, Felix (http://165.248.6.166/data/felix/index.htm).

Performance Goal #4: 99.9% of students eligible for services through special education or Section 504 will have no documented disagreement regarding the appropriateness of their educational program or placement.

There are two sources of documented disagreements. One is a formal written complaint mechanism. By regulation, formal written complaints must be addressed within 60 days. The second is the Request for an Impartial Hearing. The decision by an Administrative Hearings Officer is to be issued within 45 days of the filing of a request.

4th Quarter/Year Results

There was a substantial decrease in the number of telephone complaints this quarter (23), as compared to the 3rd quarter; however an increase in the number of written complaints.

Table 13 indicates the number of telephone and written complaints from July 1, 2004 – June 30, 2005. There was a substantial increase in telephone complaints between the 1st and 3rd quarter with a noticeable decrease during the 4th quarter. The number of written complaints continues to be low at only 10 for the year. Both telephone and written complaints reduce the potential for due process hearings. There were approximately ten times more telephone complaints (99) than written complaints (10). This may have been due to complainants having their concerns resolved through the telephone complaint process in a timely manner by the Special Education Section. The Department continues to meet this goal of 99.9% of the students receiving services during this quarter with no documented disagreements.

	1 st Qtr.	2 nd Qtr.	3 rd Qtr.	4 th Qtr	Total
Telephone	11	23	42	23	99
Written	3	0	2	5	10

Table 13: Telephone and Written Complaints (July 1, 2004 – June 30, 2005)

Requests for Impartial Hearings

The number of requests for impartial hearings increased steadily from 1997 to 2002, at which point it stabilized. An analysis of requests for impartial hearings and the outcomes was submitted to Court in June 2003. In spite of the Department efforts to increase facilitation and mediation resources available to schools as an initial step to assist parent and school problem solving related to the provision of specialized instruction and related services, these services are voluntary on the part of the parents.

	SY 02-03	SY 03-04	SY04-05
Requests	178	171	250

Table #14: Number of Requests for Impartial Hearings

The overall number of requests for impartial hearings increased substantially compared to the last two years. The reasons for the request for impartial hearings included issues regarding program and placement.

On February 7, 2005, the Special Education Section (SES) developed a "Due Process/Complaints" report for every school (including charter schools) in the department. Each report listed the school's due process hearings, telephone complaints and written complaints for the past two and a half years from July 1, 2002 through December 31, 2004. The specific data included the school year, student, issues involved, and disposition of the case. The school reports were aggregated into a complex report, district report and statewide report.

All school reports were analyzed for trends or numbers. Twenty-nine (29) schools were identified by the SES as requiring assistance in reducing the number of due process cases or addressing issues of systemic noncompliance. The superintendent distributed the applicable school reports to the complex area superintendents for review and appropriate action with the understanding that the SES will follow up to assess impact on the school performance.

Reducing the number of requests for due process hearings has proven problematic for the Department. While the request for an impartial hearing is a legitimate option for parents in determining the appropriate educational and related service, it is difficult to determine what, if any, school specific actions may have adequately addressed the issue prior to the request. Most requests are for placement at a non-DOE site and involve students and their families familiar with the impartial hearing process. Thus, whether the request is the result of poor communication regarding the school's offer of a free and appropriate public education, inadequate programs and services, or a parental default strategy to gain an *a priori* determined preferred educational placement is difficult to determine. The Department is determined to

reduce the number of requests as requests for impartial hearings are a drain on resources and make future program development between parents and school staff even more difficult.

Performance Goal #5: The rate of students requiring SBBH, ASD, and/or Mental Health Services while on Home/Hospital Instruction will not exceed the rate of students eligible for special education and Section 504 services requiring such services.

As can be seen in the table below, the number of students placed in H/HI due to social or emotional needs is similar to the 4th quarter of the last school year and similar to the year prior.

Table 15: Number of Students Placed on H/HI due to Social Emotional Reasons

Quarter	4th	4th	4th
	SY02-03	SY 03-04	SY 04-05
Number of Students	14	19	15

The number of students receiving Home/Hospital Instruction (H/HI) fluctuates but is within the range of numbers in similar quarters of the previous two school years. The table below shows the number of students on H/HI and the number of students with disabilities on H/HI during the 4th quarter of the last two (2) school years and this quarter. Of the 50 students with disabilities on H/HI, 4 (<10%) required SBBH services. The percentage of students with disabilities in other educational arrangements with either SBBH or Mental Health in their educational plans is 25% statewide. This goal is met.

Table 16: Number and Percentage of Students with Disabilities on H/HI

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Quarter	4th Qtr SY 02-03	4th Qtr SY 03-04	4th Qtr SY 04-05				
Total # students on H/HI	227	189	200				
# Students with disabilities on H/HI	107	77	50				
% Of students with disability on H/HI requiring SBBH or Mental Health	23%	25%	8%				
State % of students with disabilities receiving SBBH or Mental Health	32%	32%	25%				

Performance Goal #6: 100% of complexes will maintain acceptable scoring on internal monitoring reviews.

Only one complex, Kealakehe, conducted an Internal Monitoring Review this quarter. This complex received a score of 100% on System Performance. Refer to Section II, Internal Monitoring, for the year's summary results and information.

Performance Goal #7: 100% of the complexes will submit internal monitoring review reports in a timely manner.

The sole internal monitoring review report for this quarter from Kealakehe was submitted in a timely manner.

Performance Goal #8: State Level feedback will be submitted to complexes following the submittal of internal monitoring review reports in a timely manner.

All complexes have received State Level feedback on Internal Review Reports. Baldwin complex resubmitted their plan this quarter after initial State Level feedback requested revisions to their plan. The quality of complex action plans continue to improve.

Performance Goal # 9: "95% of all special education students will have a reading assessment prior to the revision of their IEP."

The Stanford Diagnostic Reading Test (SDRT) is the reading assessment used prior to the annual revision of the IEP. It is recommended that the assessment be administered within 90 days of the IEP. The SDRT is a group-administered, norm-referenced multiple-choice test that assesses vocabulary, comprehension, and scanning skills. The SDRT is not, nor is it intended to be, an adequate measure for a complete understanding of the student's PLEP. This is because, although diagnostic, the SDRT also falls into the category of summative assessments. A summative assessment is generally a measure of achievement relative to a program or grade level of study.

As shown in the table below, the compliance rate falls short of the Department's goal. However, over the last two reporting period, the performance rate has been markedly improving. During this reporting period, the rate ranged between 86-92%.

Table 17: Percentage of Students with Reading Assessment Prior to IEP

	1/05	2/05	3/05	4/05	5/05	6/05
State Totals	87%	83%	87%	90%	92%	86%

Schools with consistently poor data are being identified by the Special Education Section and are being given targeted assistance. In the previous report, several common inputting errors were pinpointed, and this has been the focus of targeted assistance by the Special Education Reading Resource Teachers.

Two areas of concern identified during the last reporting period, which have resulted in many of the secondary schools missing the benchmark have been the testing of drop out or no show students and the use of correct exit codes. These two areas have not been totally resolved; however complex and district personnel have been working with the identified schools to address these discrepancies.

Performance Goal# 10: 95% of all special education teachers will be trained in specific reading strategies.

This target has been met and continues to be met. This benchmark was met and even exceeded the benchmark at 100% in January and February 2005. The benchmark was also met at 99% for the

months of March, April, May, and June 2005. Training of newly hired special education teachers is an ongoing process, as many teachers who were trained in the 2004-05 school year have since left the Hawaii Department of Education. There are a number of teachers who were in serviced in the beginning of the 2004-05 school year, who left before the end of the school year. New teachers were then hired and needed to be trained.

Performance Goal #11: 90% of all individualized programs for special education students will contain specific reading strategies.

To determine the degree of compliance with this expectation, Reading Resource teachers in the Special Education Section randomly selected 10 IEPs per complex written during the month. The selected IEPs were reviewed for evidence of the inclusion of reading strategies.

Table 18: Percentage of Reading

Strategies in IEPs

	Jan-05	Feb-05	Mar-05	Apr-05	May-05	Jun-05
IEPs with Reading Strategies	399	387	384	419	409	374
Percentage with Reading Strategies	98%	96%	96%	98%	98%	96%

From January to June 2005, the Special Education Literacy Resource teachers found more reading strategies in every month, and the percentage of IEPs with reading strategies was higher than those reported for July through December 2004. Drilling down to the district level, all districts met this benchmark with the exception of East Hawaii in February 2005, at which time they missed this benchmark because 89% of the IEPs contained reading strategies, narrowly missing the benchmark. This is an improvement compared to the previous reporting period in which 2 districts missed this benchmark for 2 months of the 6-month reporting period.

In the last reporting period, Special Education Reading Resource teachers pinpointed specific schools, which appeared to be consistently missing this benchmark. Support and technical assistance was provided to specified schools, special education departments, and identified teachers. This reporting period, there is no one school which consistently missed the benchmark. Presently, the objective is to sustain this level of data, given the fact that new personnel continue to require support.

Performance Goal #12: System performance for students with Autism Spectrum Disorder will not decrease.

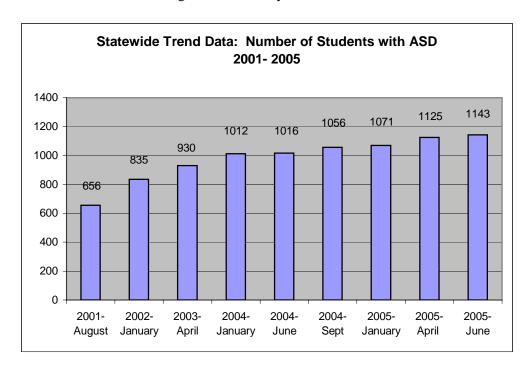
The Department uses data generated in the Internal Review process to provide an indicator of system performance related to students with ASD. One complex participated in Internal Review this quarter. Two ASD students were included in this review and both received acceptable ratings. The results of the Internal Review for SY2004-2005 are in Table A. This school year, the results of the Overall Child and System Status were at 95% respectively which is well above the 85% acceptable rating.

The number of students identified with ASD in the State continues to increase. From June 2004 to June 2005, there was a 12.5% increase in the number of identified students with ASD in the State. (Refer to Table B)

The Department released the Request for Proposal's (RFP) to solicit contracts with private agencies for services the Department does not presently have the capacity to provide. The Department evaluated the responding agencies' proposals and notification of provider selection was completed on March 31, 2005. Due to protests in the awarding of two contracts for Assessments and Intensive Services, the current Assessment contracts have been extended to August 31, 2005 and the current Intensive Services contracts have been extended to September 30, 2005. This is to allow time for resolution of the protests and any transitioning among providers.

Comparison of Internal Review Ratings for Students with ASD Oct. 02 - Oct. 03 - Oct. 04 -									
Indicators of Current Child Status	March 03	March 04	April 05						
27. Learning Progress	100	98	95						
28. Responsible Behavior	100	100	88						
29. Safety (of the child)	97	98	95						
30. Stability	95	95	91						
31. Physical Well-Being	97	100	95						
32. Emotional Well-Being	100	98	93						
33. Caregiver Functioning	100	100	95						
34. Home Community (LRE)	100	100	100						
35. Satisfaction	97	98	93						
36. OVERALL CHILD STATUS	100	100	95						
Indicators of Current System Performance									
Understanding the Situation									
44. Child/Family Participation	97	98	95						
45. Functioning Service Team	100	100	98						
46. Focal Concerns Identified	100	100	91						
47. Functional Assessments	97	100	98						
48. OVER ALL UNDERSTANDING	100	100	95						
49. Focal Concerns Addressed	97	100	91						
50. Long Term Guiding view	92	100	91						
51. Unity of Effort Across Agencies/Team	89	100	93						
52. Individual Design/Good Fit	100	100	95						
53. Contingency Plan (Safety/Health)	79	95	50						
54. OVER ALL PLANNING	97	100	98						
55. Resource Availability for Implementation	100	98	93						
56. Timely Implementation	100	98	91						
57. Adequate Service Intensity	100	98	98						
58. Coordination of Services	97	98	93						
59. Caregiver Supports	100	95	100						
60. Urgent Response	100	95	67						
61. OVERALL IMPLEMENTATION	100	98	95						
62. Focal Situation Change	100	100	95						
63. Academic Achievement	100	100	93						
64. Risk Reduction	100	100	95						
65. Successful Transitions	97	98	95						
66. Parent Satisfaction	97	98	95						
67. Problem Solving	100	100	91						
68. OVERALL RESULTS	100	100	95						
69. OVERALL PERFORMANCE	100	100	95						

There are two indicators in System Performance with a rating of zero percent, Contingency Plan and Urgent Response. Only three students were rated on these two indicators and all had a rating of three, below acceptable. The concerns for these students were varied and have been addressed by the schools. Contingency Plan and Urgent Response were not applicable for the other nineteen cases, thus the rating is based on only three students.



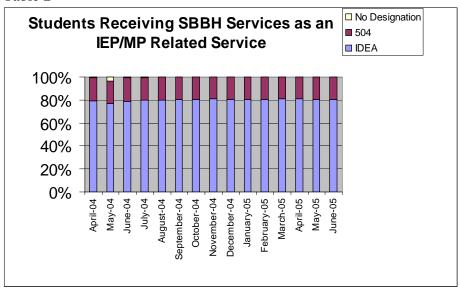
Performance Goal #13: The SBBH Program performance measures regarding service utilization will be met.

IDEA/504 Students Receiving SBBH Services

Table 1

Students Receiving SBBH									
MONTH	IDEA	504	ND	Total					
April-04	6,199	1,564	62	7,825					
May-04	5,928	1,497	280	7,705					
June-04	5,816	1,499	58	7,373					
July-04	5,140	1,278	23	6,441					
August-04	5,391	1,345	0	6,736					
September-04	5,736	1,412	0	7,148					
October-04	5,681	1,384	5	7,070					
November-04	5,859	1,391	0	7,250					
December-04	5,758	1,369	7	7,134					
January-05	5,878	1,412	0	7,290					
February-05	5,792	1,391	0	7,183					
March-05	5,801	1,372	0	7,173					
April-05	6,115	1,409	0	7,524					
May-05	5,581	1,331	0	6,912					
June-05	5,013	1,227	5	6,245					

Table 2



As seen in Tables 1 and 2, the average of 80 percent of the total number of Felix-Class students identified as IDEA and the average of 20 percent identified as 504 eligible students have remained constant for over a year. In comparison to data compiled fifteen months ago when the average was 74 percent IDEA and 19 percent 504 students, with the remaining with no eligibility designation, the ratio of IDEA students to 504 students receiving SBBH services has increased and stabilized. While the ratio has been stable, as anticipated, the average number of students reported as receiving those services has been gradually declining. A decrease in the average has been noted this quarter when compared with a year ago. 301 fewer IDEA/504 students were served in April, 793 fewer in May and 1128 fewer in June, than the preceding year. In contrast, Comprehensive Student Support System supports at levels one to three provided by SBBH staff have increased since January 2004. (Refer to Early Intervention Services and Tables 10-12 in this report.) Additionally, both Family Guidance Center staff and District personnel have noted that students receiving intensive services present problems with increasing complexity and severity.

Types of Services

Table 3

SBBH Studer	SBBH Students/Services July 2004 - June 2005											
MONTH	Total # of SBBH Students	Individual Counseling	Group Counseling	Family Counseling	Med. Management	CBI/TC/ ELC						
July-04	6,441	5,358	755	901	944	249						
August-04	6,736	5,676	696	768	903	204						
September- 04	7,148	6,232	800	868	1,000	236						
Average	6,775	5,755	750	846	949	230						
October-04	7,070	6,231	827	824	1,050	230						
November- 04	7,250	6,364	836	826	1,051	230						
December- 04	7,134	6,363	872	823	1,025	226						
Average	7,151	6,319	845	824	1,042	229						
January-05	7,290	6,342	857	826	860	215						
February-05	7,183	6,261	839	800	1,075	216						
March-05	7,173	6,278	827	776	1,107	204						
Average	7,215	6,294	841	801	1,014	212						
April-05	7,524	6,362	822	789	1,122	218						
May-05	6,912	5,875	736	743	1,026	187						
June-05	6,245	5,367	609	682	894	174						
Average	6,894	5,868	722	738	1,014	193						

This quarter, per Table 3, individual counseling continued to be the most frequently used, on-going intervention for an average of 5868 students or an average of 85 percent of students in this target population. This has been consistent when compared to the 85-88% average of the previous three quarters. Group counseling continued to be the method of intervention for 722 students or 10 percent. This is a two percent decrease compared to last quarter and three percent decrease in group counseling when compared to data from a year ago. Medication management services were provided to 1014 or 15 percent of students who received CSSS levels 4 and 5 SBBH services, consistent with the percentage over the past year. Family counseling was an adjunct to individual counseling for 11 percent or average of 738 students this quarter, consistent with last quarter. An average of 193 students were placed in intensive DOE programs (Community Based Instruction/Intensive Learning Centers, Therapeutic Classrooms, and Enhanced Learning Classrooms) this quarter. This was consistent with the year's average of three percent of the population of students with IEP/MP related SBBH services who were served in these intensive programs. Overall, ratios for types of services provided were similar for the past year, with the most change noted in the five percent decrease in students who received family counseling as a service. Training is being provided to staff to address family counseling when needed.

Comparison of SBBH Providers

Table 4

SBBH Services by Provider Types (April - June 2005)										
	li	ndividua	ıl		Group			Family		
DOE Provider	April	May	June	April	May	June	April	May	June	
	3,870	3,560	3,388	342	339	283	184	160	147	
Behavioral Specialist	60.0	58.5	61.1	40.7	41.9	42.7	22.8	21.0	21.1	
	%	%	%	%	%	%	%	%	%	
Clinical Psychologist	61	52	60	2	2	2	0	0	0	
Cililical i Sychologist	0.9%	0.9%	1.1%	0.2%	0.2%	0.3%	0.0%	0.0%	0.0%	
	1,238	1,190	935	356	328	250	8	6	6	
School Counselor	19.2 %	19.6 %	16.9 %	42.4 %	40.5 %	37.7 %	1.0%	0.8%	0.9%	
Cabaal Dayahalagiat	31	49	20	0	0	0	0	0	0	
School Psychologist	0.5%	0.8%	0.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
	326	324	304	100	102	87	52	56	56	
Social Worker				11.9	12.6	13.1				
	5.1%	5.3%	5.5%	%	%	%	6.5%	7.4%	8.0%	
	5,526	5,175	4,707	800	771	622	244	222	209	
DOE Provider Total	85.6	85.0	84.9	95.2	95.3	93.8	30.3	29.2	29.9	
	%	%	%	%	%	%	%	%	%	
Contract Provider	929	910	838	40	38	41	562	539	489	
Total	14.4	15.0	15.1				69.7	70.8	70.1	
	%	%	%	4.8%	4.7%	6.2%	%	%	%	
System Total	6,455	6,085	5,545	840	809	663	806	761	698	
System Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	

As seen in Tables 4 and 5, the Department of Education staff continued to provide most interventions with the exception of family services that are often delivered by contracted providers. Ratios remain consistent over the past year. DOE staff continued to provide an average of 85

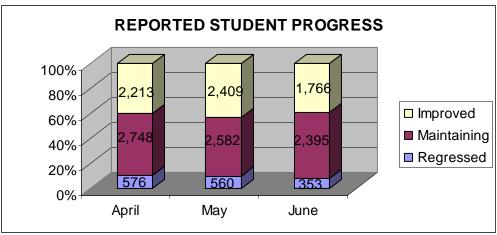
percent of the individual counseling, an increase of 6 percent as compared with data from a year ago, with a corresponding 5 percent decrease in contracted providers delivering individual counseling. Behavior Specialists continued to deliver the bulk of services, increasing from 58 to 70 percent of DOE provided individual counseling or 60 percent of the total. School counselors provided 22 percent of the individual counseling provided by DOE as compared to 20 percent, last quarter. DOE staff continued to be the primary provider for 95 percent of group services, with counselors and behavior specialist each providing 42 percent of total group services. Social workers have maintained providing 13 percent of group services for the past half a year. This was a significant shift when compared to year ago when counselors provided 68 percent and behavior specialist provided 27 percent of group services. Contracted providers were primarily utilized for 70 percent of family counseling services this quarter, in contrast to 71 and 73 percent during the past two quarters, indicating a slight increase in the provision of family counseling by DOE staff.

SBBH Services by Providers April through June 2005 100% 80% ■ Behavioral Specialist ■ Clinical Psychologist 60% ■ School Counselor 40% □ School Psychologist 20% □ School Social Worker ■ Contract Provider 0% Group

Table 5

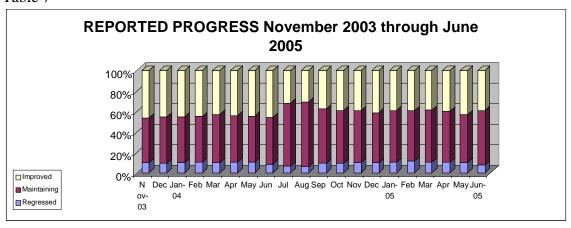
Reported Student Progress





Staff also reported student progress (Table 6) for a total of 5537 students in April, 5551 in May, and 4514 students in June, compared to a total of 2747 students in July 2004, 4500 in August, 5295 students in September, 5328 in October, 5471 in November, and 5556 students in December, 5,482 students in January 2005, 5731 in February, and 5794 students in March,. The number of staff who reported student progress continues to increase each month. The percentages with progress levels reported increased from 43 percent in July 2004 to 67 and 74 percent in the following months of August and September to 75 percent two quarters ago to 81 percent last quarter to an average of 82 percent this quarter.

Table 7



90.5 percent of student progress (Table 7) reported during the past quarter were maintaining or improving, while 9.5 percent were reported to have regressed during those same months. Improvement was reported for 41 percent of students reported for the quarter, indicating an increase of two percent from last quarter, as anticipated. A year ago, 43 to 44 percent of students were reported to have improved, while during the summer months approximately 32 percent of students reported were noted as improving. Review of the data for the past year reveals consistent ratios with the exception of the summer months when services are provided primarily to students who require Extended School Year Services. Although reported student progress is a subjective measure, the data indicates that continued monitoring is warranted. With the implementation of the BASC-2 this Spring, along with focused trainings, the collected data can and will be utilized by SBBH staff to focus on student needs, writing measurable goals and monitoring student progress toward reaching those goals, based on data. Statewide training, district by district, has focused on the development of measurable goals and objectives, as well as, strategies for achievement of the necessary skills and monitoring of progress to include quantifiable data collection for each student. Please refer to the report under Performance Goal 15.

The above data in Table 7 is deemed to be a conservative report as the numbers are reflective of the students served during a specific month. Students who have made progress and who no longer need the services are not reflected in the following month's data. Consequently, the above information should be considered along with data on the number of students who are new or exiting from SBBH as a related service.

Focus of Services

Based on a comparison of the past year's data on the focus of services for SBBH students, results were generally similar with only a one to two percent fluctuation. Approximately, 18% of students required services to develop Attention/Organizational skills, 23% Cooperation/Compliance skills, and 20% Social

Skills. Students whose primary focus is the development of emotional/coping skills have consistently comprised the largest group, approximately 38%. Data has been consistent for the past year. (See Table 8)

Table 8

Focus of Services									
MONTH	Attent	ion	Emoti	Emotional		Cooperation		Social Skills	
April-04	907	18%	2,009	39%	1,174	23%	1,030	20%	
May-04	882	17%	2,079	40%	1,209	23%	1,081	21%	
June-04	778	17%	1,828	39%	1,088	23%	956	21%	
July-04	742	18%	1,606	39%	931	23%	797	20%	
August-04	914	19%	1,724	37%	1,058	22%	1,026	22%	
September-04	1,041	20%	1,978	37%	1,160	22%	1,121	21%	
October-04	1,015	20%	1,881	37%	1,160	23%	1,030	20%	
November-04	1,060	20%	2,068	38%	1,185	22%	1,092	20%	
December-04	1,079	19%	2,146	38%	1,247	22%	1,109	20%	
January-05	1,022	18%	2,140	39%	1,218	22%	1,151	21%	
February-05	1,067	19%	2,156	38%	1,272	23%	1,135	20%	
March-05	1,041	18%	2,130	38%	1,328	23%	1,155	20%	
April-05	993	18%	2,146	38%	1,325	24%	1,126	20%	
May-05	999	19%	2,066	38%	1,228	23%	1,082	20%	
June-05	787	18%	1,727	39%	1,021	23%	838	19%	

Students receiving SBBH as an IEP/MP Related Service: Exits and Entrances

Per data presented in Table 9, a total of 511 students with IEPs or 504 Modification Plans were *newly identified* as needing SBBH services this quarter in addition to 522, 608, 482, 622, 724, and 498 in the preceding quarters, respectively. As anticipated, referrals increased, peaked and tapered during the past four quarters. 665 students met goals during this final quarter of the school year in contrast to the 308, 269, 378, 694, 350 and 379 students who met goals and/or graduated in previous quarters, respectively. The data translates to due *to attaining success*, 1620 students have graduated or met goals and exited the program in the past year. Due to achieving educational goals, 3143 students have exited the programs since September 2003. Although this information may be an underestimate as it reflects what is reported on the SBBH Data Log, it reflects a significant measure of success. When data can be automated on a database, more precise information is expected to be captured.

Data continues to reflect much movement of students into or out of service, or among DOE schools. 292 students already receiving CSSS level 4 and 5 SBBH services transferred between schools during the current quarter. Last quarter 359 students receiving IEP/MP related SBBH services transferred between schools. A total of 3,692 SBBH students transferred to SBBH services between schools during the 22 months in Table 9. This means that SBBH staff, statewide, are continually challenged with developing relationships with new students and parents, understanding student needs, and developing plans and services needed to transition students into, between or out of schools. The data below indicates that the DOE system is highly fluid and not static, as new students are continually identified as needing services while others exit due to having met goals and attaining success or for other reasons.

Table 9

	New to Transferre SBBH in						
Sep- 03	111	226	160	353	42		
Oct	126	102	76	129	24		
Nov	208	179	181	226	66		
Dec	164	136	122	154	54		
Jan- 04	235	208	118	240	53		
Feb	248	171	119	231	54		
Mar	241	169	113	196	46		
Apr	247	156	151	197	46		
May	217	134	185	153	45		
Jun	158	96	358	153	52		
Jul	149	290	186	227	42		
Aug	233	533	132	174	25		
Sep	100	138	60	58	10		
Oct	172	203	59	110	26		
Nov	222	159	79	152	28		
Dec	214	141	71	144	20		
Jan- 05	225	139	119	188	30		
Feb	167	137	103	158	22		
Mar	130	83	86	99	4		
Apr	186	92	112	129	18		
May	176	80	181	139	11		
Jun- 05	149	120	372	294	19		

The average number of students who received these services does not cumulatively equal the total number of students served. During FY 04-05, the SBBH program provided an average of 7,009 IDEA/504 students with SBBH related services each month as compared to the average of 7,508 students per month in SY 2003-04. However, because of student turnover, services were provided to a significantly greater total number of students than the average indicates. Month by month inspection shows a steady influx of new students receiving IEP/MP related SBBH services, as well as, students who exited when they attained success in meeting behavioral and educational goals.

Early Intervention Services

DOE personnel who provided the services for Felix-class students also provided early intervention services for Non-Felix-class students, as envisioned in the context of the Comprehensive Student Support System (CSSS) and the array of supports available to all students.

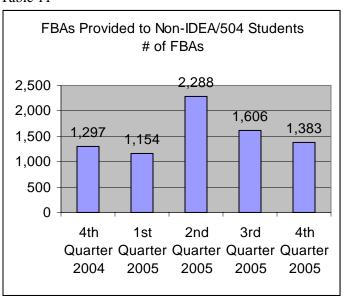
Table 10

Non-IDEA/504					
Month	# of Non-IDEA/504 Served	# of Non-IDEA/504 Hours			
January-04	14,747	16,359			
February-04	15,117	12,514			
March-04	16,425	27,098			
Quarter Total	46,289	55,971			
April-04	21,851	25,451			
May-04	21,905	23,517			
June-04	4,388	3,956			
Quarter Total	48,144	52,924			
July-04	2,782	6,588			
August-04	20,733	24,986			
September- 04	23,250	31,490			
Quarter Total	46,765	63,064			
October-04	26,011	22,930			
November- 04	26,610	26,257			
December- 04	21,401	21,758			
Quarter Total	74,022	70,945			
January-05	24,045	18,477			
February-05	25,508	19,510			
March-05	21,489	15,318			
Quarter Total	71,042	53,305			
April-05	25,729	24,966			
May-05	24,602	18,706			
June-05	4,146	5,611			
Quarter Total	54,477	49,283			

Per Table 10, 54,477 non-IDEA/504 students were provided consultation, observation, classroom guidance instruction, functional behavioral assessments/behavior support plans, walk-in counseling, and other assistance to classroom teachers and students during this past quarter. Predictably, intervention services tapered off during this quarter when compared to 71,042 students served last quarter, 74,022 during the second quarter, 46,765 students served during the summer months and early school year, and 48,000 non-disabled students served in the April through June 2004 quarter. Data still represents an

increase in intervention services this quarter as compared to the same period last year. As illustrated in Table 10, the same staff providing SBBH services to Felix-Class students including counselors, behavior specialists, social workers and psychologists also reported statewide provision of 49,283 hours of early intervention SBBH services during the this quarter. These services included individual, classroom, and consultation supports. This is in addition to CSSS level 1 to 3 supports and services provided by other counselors who do not serve Felix-Class students.

Table 11



Functional Behavioral Assessments are an integral part of SBBH service delivery. An FBA provides early intervention information that leads to the development of a Behavior Support Plan. The process allows teachers, other staff, and families to gain insight regarding unproductive student behaviors, student strengths, and the changes necessary to increase more adaptive behaviors that support student achievement. The data in Table 11 depicts the numbers of FBAs conducted by non-supervisory level psychologists, behavioral health specialists, counselors, and social workers. There were an additional 1,383 FBAs across the five levels of CSSS. As anticipated, the pattern reflects fewer FBAs (1,154) were conducted during the summer months which increased during the second quarter when school was in session (2,288), with tapering as the school year progressed.

In addition to FBAs, early intervention services to CSSS level 1 to 3 students increased steadily throughout the year with the exception of a decrease noted during the summer months, the partial school month of December, and in March when spring break occurred, as seen in Table 12 below. Similar trend is noted for this school year, with a significant decrease in June. Also notable is that the number of students receiving SBBH IEP/504 related services has remained relatively stable, indicating that more students are accessing services earlier. Effort is evident in the provision of early intervention services. Data reflects system responsiveness based on the numbers of non-disabled students accessing services, indicating awareness, identification, and utilization of School-Based Behavioral Health supports across the levels of CSSS to meet students' needs as soon as possible.



SBBH services are provided within the Comprehensive Student Support System (CSSS). As predicted in December 2000, as more students are supported with CSSS levels 1 to 3 school interventions and supports, fewer students require more intensive services.

Performance Goal # 14:

- a) 60% of a sample of students receiving SBBH services will show improvement in functioning on the Teacher Report form of the Achenbach.
- b) Student functioning as described on the Achenbach TRF scores on students selected for Internal Reviews will be equivalent to those of a national sample.

Progress Toward Reaching Performance Goal A

Implementation of Data Collection

Consistent with the goal of continuous SBBH program improvement, a substantially better model of SBBH program evaluation was developed and introduced in the July- September 2004 quarterly report. More specific information about these changes and advantages of these changes along with the data collection model were included in subsequent quarterly reports. These changes have continued to be implemented during the past quarter.

BASC-2 Data Available for Reporting

Statewide BASC-2 data collection and compilation were significantly challenged by unforeseen difficulties. Although beta testing of the BASC-2 client-server software was initiated in May, it was disrupted due to a problem that could have compromised confidentiality. American Guidance Services fixed the problem, and beta testing resumed on June 17, 2005 with only minor difficulties. There are currently fifty users testing this software, and approximately one hundred and fifty users are anticipated to be connected to the client-server by the end of July 2005. Because many counseling providers are yet to be connected to the server, manual forwarding and compilation of the BASC-2 data was necessary, challenging everyone involved. As a result, some data was not forwarded to SBBH State Office or included in the current analysis. This problem will be resolved when the client-server version of the computer program is released. Despite these many challenges, very good progress has also been made in assuring that the software incorporates features needed to assure data is obtained in a way that is user friendly, efficient and in a format that allows for the types of analyses needed to meet the SBBH Program evaluation goals.

Despite the challenges noted above, data was collected on 1,565 students, which reflects a 400% increase over last quarter. This includes both new students just entering counseling as a related service and those who have had an annual review since January 3, 2005. The collected data, which is very consistent with the findings last quarter, should be considered appropriate for understanding the needs of students from across the State of Hawaii currently receiving SBBH programming.

Summa	ry of High [Frequency of	of At Risk S	cale Elevat	ions on BA	SC-2 Scales

SCALE	TRS-C	TRS-A	PRS-C	PRS-A	SRP-C	SRP-A
Attention Problems	Yes	Yes	Yes	Yes	Yes	Yes
Anger Control	Yes	Yes	Yes	Yes	Yes	Yes
Developmental Social Disorders	Yes	Yes	Yes	Yes	NA*	NA*
Low Resiliency	Yes	Yes	Yes	Yes	NA*	NA*
Study Skills	Yes	Yes	NA*	NA*	NA*	NA*

^{*}This clinical scale is not included on this rating scale

(TRS- Teacher Rating Scale; PRS- Parent Rating Scale; SRP- Self-Report of Personality; C-Child; A- Adolescent)

The following scales had a high frequency of at risk elevations:

- Attention problems on all scales completed by teachers, parents and students.
- Anger Control on all scales completed by teachers, parents and students at both age levels.
- Developmental Social Disorders was noted on all scales that measure this problem including parent and teacher ratings at both age levels.
- Low levels of Resiliency on all rating scales that measure this factor including parents and teachers at both age ranges.
- Study skills problems were identified by teachers at all grade levels. This scale is not included in the parent or student scales.

Summary of Low Frequency of At Risk Elevations on BASC-2 Scales

SCALE	TRS-C	TRS-A	PRS-C	PRS-A	SRP-C	SRP-A
Summariza	Yes	Yes	Yes	Yes	NA*	Yes
tion						
Anxiety	Yes	Yes	Yes	Yes	No	Yes
Test	NA*	NA*	NA*	NA*	NA*	Yes
Anxiety						

^{*}This clinical scale is not included on this rating scale

This data indicates that 30 % or less of the students for which the BASC-2 was administered exhibited or reported problems at the "at risk" range in these areas.

Implications for SBBH Training, Program Development

Training to address these problem areas has already started to be included in the SBBH professional development plan. This includes a workshop on evidence based interventions that is scheduled for July. The BASC-2 data has been presented and implications for best practices were integrated into trainings provided for counseling providers and supervisors during the past quarter. As described in Performance Goal 15, this data will be presented at various levels of the system for consideration when planning program priorities. Changes implemented based on these findings will be noted in future quarterly reports.

Plans for Future Data Analysis to Further Examine SBBH Program Effectiveness

Although separate data analysis was planned for students beginning counseling as a related service and those who have been receiving these services for a year or more, the information needed to separate these groups was to be entered in a field marked "Other data". This name for the field did not serve as a good prompt for completion, and many did not enter the code. This will be addressed this quarter.

Initial attempts to identify a way to integrate BASC-2 data with other databases currently available to allow for analyses of relationships between the scales and scale combinations on the BASC-2 and important student outcome, such as, current grades, scores on group achievement tests, school disciplinary actions and restrictiveness of placement has not produced a viable way to do this. This will continue to be explored.

Once a second TRS has been administered for a student then a meaningful comparison to the baseline can be made for the student. Although there may be a small number of students as early as next quarter that will have an administration of the TRS at the time of the annual review and again as they discontinue services, it is important to note that the first quarterly report that would include a substantial number of these comparisons would be in April 2006. However, a major foundation for a quantifiable system to assess program effectiveness is now in place. The first report to include comparisons between baseline and follow-up comparisons for the entire group will be in January 2007, and the whole group will be included in every quarterly report thereafter. These comparisons will be aggregated to determine if *Performance Goal 14a*, "60% of all students receiving SBBH services show improvement in functioning on at least one scale on the Teacher Rating Scales (TRS) form of the BASC-2," has been met.

Progress Toward Reaching Performance Goal B

Performance Goal b states:

A "Measurable Goals and Progress Monitoring" pilot project will be implemented in at least one complex during the last quarter of the current school year.

As described in the last quarterly report, performance goals 14 a and b must also be linked. Behavioral health difficulties identified when the BASC-2 is administered should be targeted within the context of the student's functioning in school. Therefore, implementation of the *performance goal b* was deferred until the first phase of statewide training on the BASC-2 was completed to assure this integration.

State-wide training has focused on teaching counseling providers skills in writing measurable goals and monitoring student progress toward reaching those goals. (Please refer to Performance Goal 15.) West Hawaii district was selected for participation this pilot study for several reasons. This district had requested and participated in additional training sessions on using these methods. Many of these counseling providers are demonstrating a very good level of knowledge and skill and have agreed to participate in this pilot project, which will begin in October 2005. Phase one of the project will involve training and intensive group consultation on two cases per counseling provider. Phase two will expand the consultation to additional cases to increase consistency in implementation and provide this training to school-level teams.

The longer-term goal is to use these progress monitoring methods along with the BASC-2 to further examine the effect of counseling interventions and other supports on goal attainment. If this pilot project is found to be effective in improving student outcomes, then a plan will be developed for expansion of this training into other complexes across the state.

Goal attainment data will also provide additional objective feedback that can be used for program monitoring and improvement. For example, it may be found that the SBBH Program is very effective in addressing some types of problem areas but less so in others. Information obtained from the project will be useful when targeting areas of emphasis for subsequent supervision and training.

Performance Goal #15: System performance for students receiving SBBH services will not decrease.

The Ultimate Goal: Student Achievement

A primary goal of the SBBH program is to provide the emotional and behavioral supports students need so they can achieve their academic potential. Therefore, an indirect yet very important measure of the impact of SBBH services continues to be the ratio of students attaining academic proficiency. Recently updated Trend Reports from the Hawaii Department of Education website note progress in this area during the past two years, as measured by the Hawaii State Achievement Test. The average improvement across grade levels between the 2001-2002 and the 2003-2004 school years was 3.1% in Reading, 2.6% in Math and .9 on a 5 point scale in Writing. Increases in the proportion of students reaching proficiency as measured by the NAEP were similar. Some increase in the proportion of students reaching proficiency at the fourth and eighth grade levels was noted in all three subject areas. The average percentage increase across grade levels between 1996 and 2003 was 2.3% in Reading, 5.8% in Math and 4.5% in Writing. Although this improvement may seem to be modest, this means that 4,196 more students attained proficiency in reading. 10,581 additional students reached proficiency in math, and 8,210 additional students met proficiency in writing.

The dropout rate reduced from 4.2% in 2002 to 2.9% in 2004, which is a 1.3% decrease in the rate. The true impact of this improvement, however, is best understood when considering that 31% of the group of students who previously did not graduate are now graduating each year. This improves the success rates for these graduates, their children, who will attend our schools in the future, and in our community in general.

Many factors undoubtedly contributed to the increased percentage of students reaching these benchmarks. However, it is notable that this improvement corresponds with the time-frame when the SBBH program became employee-based which greatly improved the stability of service provision. It is reasonable to assume that improved student achievement and increase in the proportion of high-school graduating students support the view that the SBBH program functioning is at least maintaining if not improving. It is not reasonable to assume that more students are achieving academic proficiency and graduating from high school despite reduced functioning of the SBBH program.

Over the next year, when SBBH program support positions are established and filled, the SBBH Program will explore the viability of tracking academic proficiency and dropout rates for students receiving counseling as a related service.

Development of a System for Continuous Self-Monitoring

"The system must be able to monitor itself through a continuous quality management process. The process must detect performance problems at local schools, family guidance centers, and local service provider agencies. Management must demonstrate that it is able to synthesize the information regarding system performance and results achieved for students that are derived from the process and use the findings to make ongoing improvements and, when necessary, hold individuals accountable for poor performance."

• The State Interagency Quality Assurance committee has expanded to include representatives from the Department of Human Services-Child Welfare, Hawaii Families as Allies, Developmental Disabilities, and Early Intervention Services to broaden interagency collaboration and intersystems performance between agencies that jointly serve our students. A State Interagency Quality Assurance Committee Retreat was convened in June to refine the Internal Review process, to begin the development of a Memorandum of Understanding between the agencies involved in the Interagency QA, and to define the Interagency QA goals for the next year.

As described in Performance Goal 14, a 400% increase in BASC-2 data has been collected during this quarter. Sufficient data is now available to allow for a more extensive analysis to identify state-wide trends and a preliminary examination of district-level data. Tables of high frequency and low frequency of "At Risk" Scale Elevations on BASC-2 Scales are provided in that section of this report, but a more extensive report of this analysis will be reviewed with the district-level SBBH Program Coordinators. BASC-2 data can now be utilized in the "continuous quality management process" as described in the above quote from the Revised Felix Consent Decree. The descriptive data, which identify the types of problem areas exhibited by students who currently receive counseling as a related service, help identify areas of strength and weakness of the DOE in particular and the community in general in resolving a variety of types of student problems.

This data will be presented to programs and departments and agencies that have a shared interest in prevention and early intervention for these children to focus and activate resources to address our shared agenda. Within the Department of Education a presentation will be made to the Comprehensive Student Support System and Special Education Program. Hawaii State Departments will include the Child and Adolescent Mental Health Division from the Department of Health, the Department of Human Services and the Juvenile Justice System. An excellent forum for presenting the BASC-2 data to community agencies will occur during a conference on "shared agendas" developed by Dr. Paul Ban, Director of the Quality Student Support Branch, along with Joanne Cashman from the National Association of Special Education Directors. The results of these presentations and impact on these systems will be described in the next two quarterly reports as these meetings occur. Although the Department of Education in general and the SBBH program endeavor to reduce emotional and behavioral problems exhibited by the children in our community, much more can be accomplished through a coordinated and focused approach with community agencies, combined with the department's unique contributions.

- Additional data analysis planned:
- When a second measurement using the BASC-2 occurs, it will assist in the identification of students who are not improving or are further regressing so that modifications in the support plan for that student can be facilitated. The BASC-2 data has been examined to identify students who demonstrate a high level of difficulty. This information is currently being distributed to supervisors so these students can be flagged for extra attention during supervision sessions.
- Aggregate data is sufficient to begin to investigate strengths and weaknesses at the district level.
 Analysis at the complex level should be possible by December 2005. Additional examination of schools and individual counseling providers that require additional support and training will be viable with the data that should be available a year from now.
- SBBH State Office will also be able to identify schools that are producing the highest levels of student improvement, as well as, identify essential characteristics or other factors that lead to improved student outcomes. However, data on more students must be collected for reliable findings. This analysis will begin by January 2006.
- As there is no single integrated data collection system for the department, SBBH Program data and other state-wide data already being collected, such as, academic proficiency testing, grades, attendance, and discipline are not readily integrated. Consequently, it is difficult to show the relationship between improvements in functioning as measured by the BASC-2 and educational outcomes if the data is not connected for each student. We are continuing to examine ways to connect this data over the next two quarters.

• Many critical steps have been taken this quarter to continue and improve the implementation of the SBBH program evaluation. The task has been monumental as the process is expected to gather data on approximately 10,000 students over the next year. Examples of improvements made to facilitate implementation include:

- An inventory system at the district level has been developed to assure BASC-2 scales are readily available for distribution at the complex and school levels.
- Individual-user BASC-2 ASSIST scoring software has continued to be distributed, and new users have been trained.
- A list of students expected to have an annual review meeting during the first eight months of this year was supplied to counseling providers to support them in assuring this task is completed.
- Feedback has been provided to counseling providers and SBBH Program Coordinators regarding BASC-2 data that has not been forwarded for specific students as a method to support them in assuring this task is completed.
- Districts forwarded the second data set to the SBBH State Office for analysis and inclusion in this report.
- Extensive collaboration with American Guidance Services focused on the development of the client-server software to assure that it will meet the needs of students, counseling providers and program evaluation. Approximately 50 staff are currently doing the beta testing of this software. During the next quarter, plans are to connect 150 more counseling providers to the server. When all counseling providers are using the server, data analysis can be on-going rather than each quarter when data is forwarded.
- SBBH State Office consulted with Dr. Cecil Reynolds and Dr. Randy Kamphaus, co-authors of the BASC-2, several times this quarter regarding the use of the BASC-2 for SBBH program evaluation.
- Continued trainings focused on assuring that the BASC-2 information is properly gathered and used to identify student needs and to systematically monitor progress:
 - Trainings were provided to a variety of staff including clinical psychologists, school
 psychologists, behavioral specialists, school counselors, social workers, and student service
 coordinators, on implementation procedures, administration of the BASC-2, and interpretation of
 findings.
 - One or more psychologists from each district co-presented to help build local leadership for future supervision/consultation.
 - A training program focusing on BASC-2 interpretation and integration of findings into the Individual Education Plan (IEP) and Behavioral Support Plan (BSP) has been developed and piloted. Presentation of this workshop will be the primary training emphasis over the next quarter.

Consistency in SBBH Leadership

SBBH leadership continues to provide stability in the SBBH Program.

The SBBH State Educational Specialist has been that position since November 2003.

The doctoral-level State School Psychologist has been in that position since May 25, 2004, and he has been full-time since August 2004.

The masters-level State School Psychologist has been in that position since August 2003.

All district-level SBBH Program Coordinators positions have been filled and stable since summer 2004. The SBBH Educational Specialist and State School Psychologists have continued to attend staff meetings with SBBH staff throughout the state and provide trainings or programmatic support to provide the

direction and support needed to resolve problems and optimize their functioning. This has been critical in assuring that best practices are being consistently implemented throughout the state. Consistent leadership, networking and collaboration continue to be critical in system sustainability and improvement.

State-wide Training

During this quarter, state-wide training efforts continued to target improvement of system functioning through increasing skills in the use of data collection when developing student goals and monitoring progress. The focus was two-pronged: 1) training on the use of the BASC-2 as a multidimensional source of data including information from parents, teachers, students, and structured direct observation of students and 2) training on the value and use of the Standards of Practice for considering various IEP/MP related services. The BASC-2 training was completed during the past quarter except for a session in each district being held for new employees in August and September. A new phase of training begins in July focused on interpretation and integrating information from the BASC-2 into IEPs/MPs and Behavioral Support Plans. Standards of Practice for considering IEP/MP related services were also refined, and training was conducted by the State Educational Specialists for SBBH and Autism statewide, and district by district, in collaboration with district educational specialists. While acknowledging individualized needs of students, trainings emphasized the need for utilization of evidence-based supports and standardization of practices across the state.

1) Training on the Behavioral Assessment for Children, Second Edition (BASC-2)

Training on implementation of state-wide procedures for the use of the BASC-2 for progress monitoring, administration of the BASC-2 Student Observation System (SOS) and an introduction to interpretation of BASC-2 rating scales computer reports was provided by the State School Psychologists between December 2004 and June 2005. This included a total of 27 workshops prior to last quarter and 6 workshops last quarter presented by the State School Psychologist on Oahu and all neighbor islands. A total of 1,282 DOE staff attended this training including clinical psychologists, school psychologists, behavioral specialists, family support workers, social workers, school counselors, student service coordinators, principals and 504 coordinators. Workshop evaluation ratings during this past quarter were 4.6 for the presenter, 4.4 for content, 4.4 for process and 4 for application on a 5 point scale.

During the past quarter the State School Psychologist developed and piloted workshops on interpretation of the BASC-2 and use of this information for writing measurable goals and progress monitoring. All districts will be provided this training during the next quarter. Support during the implementation of the BASC-2 is being provided during statewide and district-level meetings and trainings. Technical assistance for the use of the BASC-2 is being provided through the State School Psychologists and the test publisher, American Guidance Services (AGS).

In June, the State School Psychologist also provided a workshop on the BASC-2 for trainers from contracted agencies. Due to contract extensions, the contracted providers will begin to use the Student Observation System for students they serve beginning on September 1, 2005, instead of the July 1, as specified in the new contracts. The intent of the department is to integrate practices and data collection from DOE employees and contracted providers. A follow-up BASC-2 training for contracted providers will be provided in August 2005.

2) Standards of Practice Development and Training

During this quarter, the SBBH Educational Specialist, in collaboration with the district educational specialists, the Autism Educational Specialist, and related services and special education personnel, continued to provide training on the *Standards of Practice (SOP)*. The SOP were developed to further guide teams in the process of using appropriate evidence and consultation to make educational decisions for students. The *Standards of Practice* were written to facilitate the delivery of quality services, and at

the same time, to assure accountability and responsibility on the part of all professionals involved with the delivery of educational services.

School teams are expected to utilize the SOP when services are considered to assist them in collecting and analyzing data and to discuss if more information is needed for the IEP/MP teams to determine the need for a specific service. They are not to be used to pre-determine services in the IEP or to exclude CSSS levels 1-3 supports. It is envisioned that the utilization of the *Standards of Practice* will improve statewide system performance. The purpose and utilization of the SOPs was revisited during quarter. SOP trainings were conducted in each district as well as for charter school principals. Training evaluation ratings during this past quarter were 4.7 for the presenter, 4.8 for content, 4.4 for process and 3.9 for application on a 5 point scale

3) Training on Writing Measurable Goals and Progress Monitoring

Trainings continue to focus on writing measurable goals and monitoring progress toward goal attainment. The SBBH State School Psychologist provided follow up trainings, which reviewed methods for monitoring student progress. This included activities in which participants practiced writing measurable goals and a plan for progress monitoring with students on their current caseload. Additional follow-up workshops will begin in October 2005 for the pilot group identified in *Performance Goal 14 b*.

4) Training on use of Family Interventions to Improve Student Performance

As previously mentioned, a trend has been identified through review of the types of intervention implemented by counseling providers. A decrease in family counseling as an adjunct to individual counseling was noted during the past year. Although a number of factors may be leading to this trend, a decision was made a half year ago to increase training focused on the empirically based efficacy of family-based interventions.

The State SBBH Educational Specialist emphasized the purpose and use of parent counseling/education/training in the *Standards of Practice* training that were conducted throughout the state. In addition, the use of the Structured Developmental History and Parent Rating Scales to identify needs and goals for family intervention has continued to be emphasized throughout the BASC-2 trainings this past quarter.

5) Reauthorization of IDEA

DOE co-sponsored the Hawaii Association of School Psychologists annual conference again this year. The president of the National Association of School Psychologists, Dr. Leland Huff, was the keynote speaker, and the theme selected was "Integrating IDEA Reauthorization into School Based Behavioral Health: Implications for Collaborative Service Delivery". This training was valuable in raising awareness of changes in the regulations

6) SBBH Guidelines

Release of the SBBH Guidelines was postponed until next quarter, and training to review these procedures will be provided at that time.

In summary, SBBH State Office staff provided statewide intensive training to DOE employees during this quarter. The primary areas addressed in training were: writing measurable service goals, use of the BASC-2 for student progress monitoring and SBBH program evaluation, and Standards of Practice. Evaluation results from the training provided by the University of Hawaii will be provided in the next quarter's report. A solid understanding of writing measurable goals has been attained, but the progress monitoring is a more difficult skill to acquire without concrete case experience using these skills. This will continue to be the focus in trainings beginning in October. Additional training sessions have been

scheduled for next quarter as efforts continue to target the improvement of system functioning and outcome oriented services for students.

District-Level Training

In addition to trainings provided by the State SBBH Office, 103 formal district-level training sessions were provided to 2,443 staff between April 1, 2005 and June 30, 2005. The total number of district-level training sessions increased by 27% from last quarter, and the total number attending these trainings increased by 31%. These increases follow a reduction of district-level trainings last quarter. In every district, multiple role groups attended trainings and completed standardized evaluations of the presentation, content, process and applicability of the sessions. Quality measures averaged 4.7 on a 5-point scale, which indicated high consumer satisfaction and utility.

Some topics, such as Chapter 56, ISPED, FBA/BSP, Writing Goals and Objectives, Strategies for Children with Autism Spectrum Disorder, BASC-2 SOS Training, Reauthorization of IDEA, Administering the WAIT, Administration and Interpretation of WISC-IV, Working with Attention Deficit/Hyperactivity Disorder, CSSS Training, Evidence-Based Practices, and Crisis Prevention and Intervention/Nonviolent Crisis Intervention were repeated this quarter.

However, new presentation topics included Substance abuse, Partners in Learning: No Family Left Behind, Alcohol, Anger and Aggression Workshop, Parents forum for success, Survival Skills for Parents, Addressing Problematic Behavior, Youth Gang Workshop, Military Awareness Workshop, Military Support Workshop, Transition support Workshop, Children with Cancer Workshop, Psychopharmacology, and Suicide Prevention

Supervision

In addition to the formal training sessions, staff continue to receive ongoing professional supervision. This is equally important in order to assure application of concepts learned through formal training sessions and to monitor the use of evidence-based interventions. District-level School Psychologists, Clinical Psychologists, Program Managers and some Complex-level School Psychologists monitored the application of training into service delivery through supervision, consultation, and one-on-one assistance as needed. Many also provided direct services to students. In the April through June 2005 quarter, 46-56 Psychologists and other Supervisors reported that a total of 1,458 supervision and 227 training sessions were provided to staff. This indicates the average number of supervisory staff reporting this quarter increased 11%, and is consistent with the previous two quarters.

In addition, psychologists and program managers delivered 4,860 consultations, which is 6% higher than last quarter and consistent with the previous two quarters. There were 569 counseling/parent training sessions, which reduced by 17% compared with last quarter. 474 assessments were performed this quarter, which is a 14% increase compared with last quarter and also higher than the two quarters prior. 299 FBA/BSPs were completed by this group for this quarter, which is a 9% increase when compared to last quarter and consistent with the two quarters prior. Please refer below to the psychologists' and SBBH supervisors' activity data for the last two quarters.

Psychologist and SBBH Supervisory Activity Data

Professional Activities	January	February	March	Quarterly
Trotessional retryttles	Total	Total	Total	Total
Consultations	1,381	1,654	1,550	4,585
FBA/BSPs	84	102	88	274
Counseling/Parent Training	180	233	272	685
Assessments	138	144	134	416
Observations	167	205	188	560
Student Meetings (SST, Core, IEP/MP,	557	614	525	1,696
Peer Review)				
Non-student Meetings	302	380	324	1,006
Court Involvements	46	52	53	151
Data input (ISPED) sessions	113	173	181	467
Supervision	370	457	489	1,316
Provide Training	71	93	88	252
Receive Training/Research	91	109	108	308
Number of Professionals	51	56	58	

Psychologist and SBBH Supervisory Activity Data

Professional Activities	April	May	June	Quarterly
	Total	Total	Total	Total
Consultations	1,918	1,919	1,023	4,860
FBA/BSPs	110	125	64	299
Counseling/Parent Training	236	205	131	569
Assessments	155	154	165	474
Observations	168	213	75	456
Student Meetings (SST, Core, IEP/MP,	659	771	257	1,687
Peer Review)				
Non-student Meetings	347	318	262	927
Court Involvements	20	7	11	38
Data input (ISPED) sessions	184	192	103	479
Supervision	562	571	325	1,458
Provide Training	75	95	57	227
Receive Training/Research	81	93	77	251
Number of Professionals	56	52	46	

Review of the above data indicated that professional activities increased in five areas and decreased in seven. This decrease correlates with a major concern. Psychologists continue to experience great difficulty with the process of licensure, due to two primary factors. The State Psychology Board has long delays in reviewing applications, and they continue to not license many staff that had previously been licensed in other states. This has affected supervisory staff vacancy. The personnel director and the superintendent both wrote letters with concerns to the State Psychology Board in October 2004. However, the Board made no significant changes. The State School Psychologist has been assisting

current employees who are having difficulty obtaining their licenses including attendance at board meetings to try to identify solutions for the current problems. Representatives from the personnel office also attended a meeting to discuss their concerns. Although some additional insight into the problem was

obtained, no immediate solution was identified. Two psychologists became licensed in the past month using the national registry as an alternative route. Although the alternative route allowed the two psychologists to remain in their current positions, eighteen of 38 positions remain vacant. Several meetings have been held during the past two quarters to identify additional ways to recruit psychologists and to revise or develop new position descriptions to expand recruitment of other appropriate role groups who can provide quality supervision.

System of Support for Psychologists

The Department of Education co-sponsored the Hawaii Association of School Psychologists annual conference, which was held on June 3, 2005. The vast majority of school psychologists from all islands attended. In addition to the presentation on the reauthorization of the Individuals with Disabilities Act by the president of the National Association of School Psychologists, Dr. Huff, there was a panel discussion about the effect of these changes for our SBBH program. The next Statewide Psychologists' meeting is planned for October 2005; these meetings will be held four-six times per year to work on targeted issues described in earlier reports and to refine the supervision of SBBH staff and services.

SBBH Internal Review Analysis

Case study data through the Internal Review process provided another broad measure of system performance. During the 2004-2005 School Year period through June 2005, utilizing a standard protocol, data was collected on system performance in 244 schools based on system activities directly related to the student's needs and services. 426 students were identified as receiving educational and behavioral health services. See Table below.

INDICATORS OF CURRENT SYSTEM PERFORMANCE		Percentage Obtaining an Acceptable System Performance and Percentage of Change				
	SBBH (CSSS Level 4 and 5) ONLY					
	School	School		,		
	Year	Year	SY	Change 2003-04	Change 2002-03	
	2002-03	2003- 2004	2004- 2005 to	to SY 2004-5 to	to SY 2004-5 to	
	2002-03	2004	June 05	June 05	June 05	
Understanding the Situation	88%	93%	94%	1%	6%	
Child/Family Participation	93%	95%	96%	1%	3%	
Functioning Service Team	90%	92%	95%	3%	5%	
•	84%	89%	88%	-1%	4%	
Focal Concerns Identified	84% 80%	89% 90%	88% 92%	-1% 2%	4% 12%	
Functional Assessments	83%	90% 90%	92% 94%	2% 4%	12%	
Planning Services	83% 88%		94% 89%	4% 0%	11%	
Focal Concerns Addressed	00% 75%	89% 85%	86%	0% 1%	11%	
Long Term Guiding View	75%	85%	86%	1%	11%	
Unity of Effort Across	700/	000/	000/	00/	4.40/	
Agencies/Team	78%	86%	89%	3%	11%	
Individual Design/Good Fit	89%	92%	95%	3%	6%	
Contingency Plan (Safety/Health)	77%	94%	88%	-6%	11%	
Implementing Services	89%	94%	94%	0%	5%	
Resource Availability for	000/	020/	0.40/	1%	20/	
Implementation	92%	93%	94%		2%	
Timely Implementation	87%	92%	94%	2%	7%	
Adequate Service Intensity	78%	90%	91%	1%	13%	
Coordination of Services	85%	90%	91%	1%	6%	
Caregiver Supports	91%	96%	94%	-2%	3%	
Urgent Response	81%	94%	90%	-4%	9%	
Results	90%	91%	91%	0%	1%	
Focal Situation Change	88%	89%	90%	1%	2%	
Academic Achievement	86%	83%	85%	2%	-1%	
Risk Reduction	90%	91%	93%	2%	3%	
Successful Transitions	90%	91%	93%	2%	3%	
Parent Satisfaction	93%	93%	94%	1%	1%	
Problem Solving	85%	85%	87%	2%	2%	
OVERALL PERFORMANCE	88%	93%	94%	1%	6%	

The table provides cumulative information based on the percentage of 426 sample students who received SBBH services during the 2004-2005 School Year. It is consistent with the information reported previously and provides a comparison with the previous samples from School Years 2002-2003 and 2003-2004. Based on these results, the percentage of students obtaining an acceptable system performance rating increased in nearly all the indicators as well as the overall performance from the 2002-2003 sample to the current sample. The 6 percent increase between the current year overall performance (94%) and the 2002-2003 overall performance (88%) was significant. Comparison between the SY 2003-2004's 93 percent and the current year's 94 percent of students obtaining an acceptable system performance rating was not as dramatic, although very positive.

Summary

It is clear when reviewing the activities and related data that Performance Goal #15 is met as the system performance for students receiving SBBH has not decreased. SBBH program has not only maintained the level of functioning obtained previously; it has made significant improvements. Training has continued at the district level; at the same time, new training initiatives have been implemented at the state level. Training at the state level is addressing improvements in four primary areas: Writing Measurable Service Goals, student progress monitoring, the use of the BASC-2 for both student progress monitoring SBBH Program Evaluation, the use of empirically-based interventions and the use of Standards of Practice to assure that students receive the services they need in the least restrictive environment. On-going training assures continued support is provided for implementing and practicing the new skills learned. The increased sharing of information through consistent statewide trainings at the district level, combined with the development, training, and utilization of written *Standards of Practice* is increasing the level of consistency in the implementation of the SBBH program across the state.

Internal Reviews also indicated improvement in the current system performance. A total of 94 percent of students obtained an acceptable system performance rating, maintaining gains made since SY 2003-2004 and an overall 6 percent increase from SY 2002-2003 overall performance of 88 percent.

To maintain a high functioning SBBH system, monitoring of how the department interacts with other state departments is important. This continues to be addressed through processes such as Internal Reviews and Quality Assurance. Greater emphasis is also being placed on reviewing SBBH data and program goals with additional sections of DOE, with other state departments, and with the broader community. Consultation and facilitation from national leaders who have demonstrated successes in implementing a collaborative pursuit of a shared agenda between the child-serving agencies will assist in identifying the most effective ways to improve the coordination of interagency efforts and attaining SBBH Program and Department of Education goals.

Summary of Department of Education System Infrastructure and Performance

The Department of Education has set and maintains high expectations regarding infrastructure and performance goals. Ongoing measurement of performance related to the goals indicate that over the past 30 months the Department has not only maintained infrastructure and performance, but strengthened existing infrastructure and improved performance.

The Department meets or exceeds infrastructure expectations in the following areas:

- Qualified personnel: Special Education teachers and SBBH professionals,
- Capacity to contract for necessary services not provided through employees,
- Adequate funding to provide a comprehensive system of care for students requiring such services to benefit from educational opportunities, and
- Integrated data management information to adequately inform administrative decisions necessary to provided timely and appropriate services.

The Department of Education continues to be challenged to meet Department established targets for the distribution of qualified special education teachers and paraprofessionals in classrooms.

Performance Measures reveal either improvement or stability in all areas. The following Performance Measures were met or exceeded:

- Timely evaluation and program plan development
- Service delivery gaps
- ISPED reports for management
- Availability of contracts to provide services
- Administrative action to assure adequate funding
- Use of Home/Hospital Instruction
- Training in reading strategies
- Quality of services to students with ASD
- Quality and availability of SBBH services
- Reading Strategies in IEPs

While performance is high and improving in these areas, the Department's performance goal in the area of Reading Assessments prior to IEP development and the number of IEPs marked complete in ISPED were not met. Similarly, while progress in reducing the ratio of suspensions for regular education and special education students has been made, the net results are still less than desired. There has been a substantial increase in the number of Request for Due Process Hearings between SY2003-2004 and SY2004-2005.

Overall, in this reporting period the Department has continued to sustain a level of infrastructure and system performance consistent with or better than a year ago. Corrective actions directed at state, complex, and school level, based on data and analysis are leading to improvements, not just at the complex level but within specifically identified schools. The data in this section provides further evidence of the commitment within the Department at all levels to maintain and improve the delivery of educational and behavioral/mental health services to students in need of those services beyond that required by federal statute and court orders.

The Department expects that ongoing system performance assessments, subsequent training, and the posting of school by school performance indicators will not only maintain this level of performance but will improve system performance to high levels in all schools

This quarter the Department has initiated planning and implementation of the System Accountability Office. The creation of an office within the Office of the Superintendent tasked with compliance and performance monitoring at the system level is a testament to the success demonstrated over the past several years in meeting high system performance expectations in providing services to students in need of educational and mental health supports and services. The new office will include compliance and performance of federal and state programs, including special education.